

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5	/		/			
6		/		/		
7	/		/			
8		/	X			
9						
10						
11						
12			X			
13			X			
14			/			
15				/		
16				/		
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47						
48						
49						
50						
TOTAL IND.	4		7			
TOTAL DEP.	9		6			
TOTAL CLAIMS	13		13			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						